New Mexico
PRIMARY CARE
ASSOCIATION

REQUEST FOR PROPOSALS
TO PROVIDE HIPAA PRIVACY & SECURITY RISK ASSESSMENT & RISK MANAGEMENT
New Mexico Primary Care Association

Date Issued: December 30, 2019

Due Date: January 29, 2020, 5:00 p.m. MST

I. INTRODUCTION

A. **Introduction**: The New Mexico Primary Care Association (NMPCA) is a 501(c)(3) organization whose non-profit purpose is to provide technical assistance, advocacy, and membership services to Community Health Centers across the State of New Mexico in an effort to promote the advancement of high-quality primary health care services.

B. **Purpose**: The New Mexico Primary Care Association is seeking proposals from qualified organizations/individuals to provide HIPAA Privacy and Security Risk Assessments and Risk Management on behalf of the association. The members of the NMPCA Health Center Controlled Network (HCCN) are organizations with significant compliance requirements that have relied on an annual IT Risk Management Audit approach to evaluate and assess IT security needs. The HCCN members are listed below. Through this program the goal is to develop a more streamlined process for ongoing management of IT risks by simultaneously introducing and taking advantage of emerging technologies.

HCCN Members Include:

- Albuquerque Healthcare for the Homeless
- Amador Health Center
- Ben Archer Health Center
- El Centro Family Health
- El Pueblo Health Services
- First Nations Community HealthSource
- Hidalgo Medical Services
- La Casa Family Health Center
- La Clinical de Familia
- La Clinica del Pueblo de Rio Arriba
- La Familia Health Center
- Las Clinicas del Norte
- Mora Valley Health Services, Inc.
- Presbyterian Medical Services
- Southwest CARE

NMPCA cannot require HCCN members to participate in this program and, as a result, it is a possibility that all, some, or none of the members will choose to participate. NMPCA cannot guarantee Contractor funds if no members choose to participate in the HIPAA Privacy and Security Risk Assessment and Risk Management Program. If enough of the HCCN members choose to participate, the NMPCA will become a Group Purchasing Organization (GPO) managing contracts between itself, HCCN members, and Contractor.

As a GPO, the NMPCA will negotiate the purchase of services on behalf of their members in order to increase the benefits and optimize the efforts of Contractor in the HIPAA Privacy and Security Risk Assessment and Risk Management Program and create a Group Purchasing Agreement (GPA) between all three parties.

The NMPCA anticipates allocating funds in support of this initiative. This is a competitive solicitation. Interested parties are required to submit a proposal per the terms, conditions, requirements, and specifications of this Request for Proposals (RFP). Services include, but are not limited to, designing and planning, subject matter expertise, stakeholder engagement, meeting facilitation and program content development. Responses to this Request for Proposals must be submitted electronically on or before November 15, 2019 at 5:00 p.m. MST to nmpca@nmpca.org.

II. SCOPE OF WORK

A. Risk Assessment Report: A thorough Risk Assessment Report will be required for each member participating in the HIPAA Privacy and Security Risk Assessment and Risk Management Program. This report will be requested by OCR investigators and should include not only security risks but also security controls. All identified risks are to be cited to all relevant HIPAA principles. The applicable policies and procedures are to be evaluated and any findings of gaps should be documented in the Risk Assessment Report as part of the overall risk assessment. However, any suggested edits to policies and procedures should be included the Risk Management Plan (see B. Risk Management Plan). An in-depth Vendor Risk Analysis should be included in the Risk Assessment Report detailing an evaluation of all Business Associate Agreements, Memorandums of Understanding, and Memorandums of Agreements.

B. Risk Management Plan: A Risk Management Plan shall be developed to include a work plan addressing the findings in the Risk Assessment Report. The format of the Risk Management Plan will be left to the Contractor however it must be easy to read and include a systematic approach to resolving identified risks. The risks needing to be addressed should be prioritized by urgency, include steps to address the risk, a timeline for the resolution of each finding, an analysis of the financial impact for risk resolution, and the desired outcome for each step e.g. the mitigation of risk.

C. Breach Mitigation and Response Plan: A Breach Mitigation and Response Plan shall be developed to identify the cause of the breach and ensure that it is contained including, at a minimum, disabling network access, resetting passwords, and recalling or deleting information. The Breach Mitigation and Response Plan should address assessing the extent and severity of the breach and identifying who and what has been affected. A proactive notification strategy along with an action plan to prevent future breaches must also be included in the Breach Mitigation and Response Plan. The notification process must include steps to notify insurance companies, HHS, patients, credit monitoring services, etc.

D. Risk Management Follow-Up Meetings: Follow-up meetings shall be held at least quarterly and facilitated by the Contractor. Meetings will focus on progress towards managing and mitigating risks identified in the Risk Management Report and updated in the Risk Management Plan.

III. QUALIFICATIONS AND EXPERIENCE

The New Mexico Primary Care Association prefers respondents with a depth of knowledge, expertise and experience in the following:

- Risk management principles and practices
- Experience working with FQHCs
- Strong investigatory abilities, analytical skills, and an eye for detail
- Exceptional overall IT skills and agile methodology experience
- Understanding of current Risk Management tools and techniques
- Ability to communicate with Senior Leadership
- Strong quantitative, analytical, and communication skills
- Ability to network and build strong relationships across an organization
- Ability to articulate ideas and develop alternative recommendations
- Experience with the following: Risk Evaluation, Project Management, Risk Assessment, Risk Indicators, and Risk Reporting

IV. SCHEDULE

Applicable Dates:

RFP Release Date	12/30/19
Letter of Intent (requested, not required)	01/10/20
Application Due Date	01/29/20; 5:00 p.m. MST
Anticipated Issuance of Notice of Award	02/03/20
Anticipated Period of Performance	02/03/20 – 12/31/20

V. APPLICAITION PREPARATION AND SUBMISSION INSTRUCTIONS

This Request for Proposals serves as the application package and contains all the instructions to enable a potential respondent to apply.

A. Letter of Intent to Apply: Respondents are strongly encouraged to submit a non-binding, optional, Letter of Intent to Apply. Please refer to Section IV. Schedule to find the Letter of Intent due date.

Please submit your Letter of Intent by email to: nmpca@nmpca.org

The LOI should provide a brief description of the organization applying. The LOI must clearly identify the sender, including name, mailing address, telephone number, and email address. There are no format requirements for the LOI.

B. Respondents' Questions: The NMPCA encourages Respondents to submit questions by email to nmpca@nmpca.org in order to seek clarification of the RFP requirements. Questions will be reviewed on an ongoing basis and responses will be posted within 5 business days of receipt. The NMPCA will respond to all questions via email.

C. **Submission Requirements:** The proposal must be submitted to nmpca@nmpca.org no later than the established deadline listed in Section IV. Schedule. All documents should be submitted as PDFs.

D. **Format Requirements:** In order to ensure readability by reviewers, fairness in the review process, and consistency among applications, each application must follow the following specifications to be reviewed:

- Use 8.5" x 11" letter-size pages with 1" margins (top, bottom, and sides).
- All pages of the Response must be paginated in a single sequence.
- Font size must be no smaller than 12-point
- Follow the page limits as detailed in the next section (Section V, Letter E: Application Content)

E. **Application Content:** The application should be written primarily as a narrative with detailed specific actions highlighted to emphasize the proposed activity of the respondent. The respondent should organize their response based on the sections detailed below:

Proposal Face Sheet: See Attachment A

Overview of Company (No more than 2 pages): Include a statement of qualifications for scope of work (specifically addressing similar previous work with local non-profits of similar size and scope) and appropriate contact information.

Technical Proposal (No more than 8 pages): The respondent shall describe its approach and plans for accomplishing the work outlined in the Scope of Work. The respondent must set forth its understanding of the requirement of this RFP and its ability to successfully complete the contract. The respondent shall set forth its overall technical approach (methodology) and plans to meet the requirements of the RFP.

- This information should convince the NMPCA that the respondent understands the objectives that the contract is intended to meet, the nature of the required work, and the level of effort necessary to successfully complete the contract. The narrative should assure the NMPCA that the respondent's general approach and plans to undertake and complete the contract are appropriate to the tasks involved.

Cost Proposal (No more than 2 pages): Respondent will be able to present cost information for the project. The respondent shall bid each HCCN member for all items in the Scope of Work and individual line items are to be the cost for each HCCN member organization rather than a combined total for all members. By definition a GPA includes various levels of discount dependent on the number of participants therefore, respondent shall include levels of discount offered in the application. For example, the discount for 0-5 HCCN member participation, 6-10 HCCN member participation, etc.

Resumes (No more than 4 pages): Respondent will include resumes for person(s) who will be working on contract

References (No more than 1 page): Three professional references for person(s) working on this contract; please include contact information and basic description of relationship with references.

VI. EVALUATION OF PROPOSALS

Proposals will be reviewed by the NMPCA Senior Leadership Team. A respondent may be requested to participate in a phone interview, and/or submit written responses to questions regarding its bid.

The purpose of such communication with a respondent, either through phone conversation, and/or written clarification, is to provide an opportunity for the respondent to clarify or elaborate on its bid.

The following evaluation criteria categories, not necessarily listed in order of significance, will be used to evaluate bid proposals received in response to this RFP. The evaluation criteria categories may be used to develop more detailed evaluation criteria to be used in the evaluation process.

- The respondent's general approach and plans to meet the requirements of this RFP.
- The respondent's detailed approach and plans to perform the services required by the Scope of Work Section of this RFP (Section II: Scope of Work).
- The respondent's documented experience in successfully completing contracts of a similar size and scope of those required by this RFP.
- The qualifications and experience of the respondent's management, supervisors, or other key personnel assigned to the contract, including level of experience, background, and references of the consulting team to be assigned to this project.
- The overall ability of the respondent to mobilize, undertake, and successfully provide the services requested by this RFP within the necessary time frame.
- The respondent 's cost proposal (please refer to Section V. Application and Submission Instructions, Letter E)

VII. CONTRACT AWARD

Once a bid is selected NMPCA will produce a contract outlining the scope of work and deliverables to be agreed upon by both the contractor and NMPCA

VIII. DEFINITIONS AND ACRONYMS

RFP	Request for Proposals
HIPAA	Health Insurance Portability and Accountability Act
NMPCA	New Mexico Primary Care Association
HCCN	Health Center Controlled Network
IT	Information Technology
OCR	US Department of Health & Human Service's Office for Civil Rights
LOI	Letter of Intent
FQHC	Federally Qualified Health Center
HHS	Department of Health and Human Services
GPO	Group Purchasing Organization
GPA	Group Purchasing Agreement

IX. ATTACHMENTS

Attachment A: Proposal Face Sheet

Attachment B: Procurement and Contractual Agreements Signatory Acceptance

Attachment A: Proposal Face Sheet

New Mexico Primary Care Association
Request for Proposals
Proposal Face Sheet

1	Responding Agency (Legal Name and address of organization as filed with the Secretary of State): Legal Name: _____ Street Address: _____ City/State/Zip: _____ EIN: _____
2	Director/CEO Name: _____ Title: _____ Telephone: _____ Fax: _____ Email: _____
3	Contact Person Name:_____ Title: _____ Telephone: _____ Fax: _____ Email: _____

Attachment B: Procurement and Contractual Agreements Signatory Acceptance

Statement of Acceptance

The terms and conditions contained in the Request for Proposals constitute a basis for this procurement. These terms and conditions, as well as others so labeled elsewhere in this document are mandatory for the resultant contract. The New Mexico Primary Care Association is solely responsible for rendering decisions in matters of interpretation on all terms and conditions. The New Mexico Primary Care Association is not obligated to fund the HIPAA Privacy and Security Risk Assessment and Risk Management Program if it is deemed unnecessary for HCCN members.

On behalf of _____

I, _____agree to accept the Mandatory Terms and Conditions and all other terms and conditions set forth in the HIPAA Privacy and Security Risk Assessment and Risk Management Request for Proposals.

Signature: _____

Title: _____ Date: _____